Name In Full Capt. Martin L. Booze

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month 3 Day

Age Y. 40 M. D.

Native of

Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

148

Cause of Death: Primary Drowning

Immediate

How long sick

~~Accident,~~ Suicide, ~~Homicide~~

Reported by Dorchester Standard

Address 3-11th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Lynne Barrett

Name in Full

Certificate of Death

Emma Elizabeth Vander Horn Crowell

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month March Day 17 | Age Y. 4 M. 10 D. 5 | Native of Md | Occupation ——

~~[illegible]~~ White ~~[illegible]~~d ~~[illegible]~~ ~~Divorced~~

Female ~~[illegible]~~d Single ~~[illegible]~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles N. Crowell

Mother's Name Wilhelmina Carter Smith

Cause of Death
- Primary Scarlatina
- Immediate Angina (suffocation)

How long sick 7 days

Accident, Suicide, Homicide

Reported by Guy Steele

6

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Benj. H. Danneker

Died at Town: Cambridge County: Dorchester County MARYLAND

Date 189 9 Month 3 Day 1 | Age Y. 9 M. D. | Native of md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Julius Danneker | Mother's Name: Minnie Danneker

Cause of Death: Primary: Diphtheria 8a | How long sick: 1 week

Immediate | Accident, Suicide, Homicide

Reported by Dr. John Mace -

Address Cambridge Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Joseph McKinley Harris

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month March Day 20 Age Y. 1 M. 11 D. – Native of Dorchester Co Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George W. Harris Mother's Name Nilly M. Hughes

Cause of Death Primary Catarrhal pneumonia following pertussis How long sick 3 weeks

Immediate convulsions 7 ~~Accident, Suicide, Homicide~~

Reported by Guy Stuck M.D.

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sadie C. Harris

Died ~~at~~ near Town Cambridge County Dorchester MARYLAND

Date 1899 — Month March Day 17

Age Y. 5 M. 5 D. 13.

Native of Dorchester Co.

Occupation ——

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow Widower Divorced

Number of children living

Husband Wife of

Father's Name Samuel R Harris

Mother's Name Idelia Harris

Cause of Death — Primary: Scarlet Fever. 6

How long sick 3 weeks —

Immediate: Nephritis

~~Accident, Suicide, Homicide~~

Reported by P W Goldsborough MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Alma Samuel Harrison

Died at Town Mt Holly County Dorchester MARYLAND

Date 1899 Month March Day 16 | Age Y. 2 M. 4 D. 14 | Native of Md | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Cyrus Melville Harrison

Mother's Name Mary Eberhardt

Cause of Death: Primary Lobar Pneumonia

Immediate Asphyxia 72

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by Guy Steele M.D.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Sallie Hunter — Certificate of Death

Town Dorchester County

Died at MARYLAND

Date 1899 Month Mars Dey 18 | Age Y. 84 M. D. | Netive of Dorchester Co | Occupetion Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 3

Husband of / Wife Elijah Hunter

Father's Name Dont know | Mother's Name Dont know

Cause of Death — Primary 141 — How long sick 6 month

Immediate old age — Accident, Suicide, Homicide

Reported by Isey Hunter

Address Cedarland Md

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister. A J Hutton

LIBRARY BUREAU, 79886

Attended by Dr. No

of

Seen by Coroner No

of

Buried by A J Hitch
Vienna Md

Name In Full Mand. Murphy.

Certificate of Death

Town Cambridge County Dorchester

MARYLAND

Died at Mand Month Day 4 | Y. M. D. | Native of | Occupation

Date 189 4 | Age 1 2 6 | Dorchester Co | ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ W~~idower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Thos Murphy

Mother's Name Anne Murphy.

Cause of Death: Primary Gastro Enteritis

Immediate Convulsions

How long sick About one week.

Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full | Certificate of Death

Mary Jane Smith

Diod at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: March Day: 4 | Age Y. M. D.: 60 about | Native of: Md | Occupation: Washerwoman

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of N

Father's Name ——— Mother's Name ———

Cause of Death: Primary: Mitral regurgitation | How long sick: 3 months about

Immediate: Pulmonary edema exhaustion | Accident, Suicide, Homicide

Reported by Guy Steele

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Herman Young

Died at — Town: Cambridge — County: Dorchester — MARYLAND

Date 189 9 — Month: 3 — Day: 26 — Age: Y. 2 M. 7 D. 14 — Native of: Dor Co — Occupation: ——

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of 72

Father's Name: John Young — Mother's Name: Clara Austin

Cause of Death — Primary: Lobar Pneumonia — How long sick: 1 day

Immediate: Heart failure + Cerebritis — Accident, Suicide, Homicide

Reported by: Guy Steele

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65963